



(3). That Petitioner is currently unemployed.

(4). That Petitioner has a balance of \$ 2.16 in his prison trust fund account. (See EXHIBIT "A" - Inmate Trust Fund Statement; and EXHIBIT "B" - Certificate, attached to Affidavit.)

(5). That Petitioner's only resources come from Institutional State Pay (when the Institution is not on lockdown), and from gifts from family and friends to provide for his basic life necessities purchased from commissary. (See, EXHIBIT "A", attached to Affidavit.)

(6). That Petitioner has no other source of income and does not own any cash, bank accounts, real estate, stocks, bond, notes, automobiles or other valuable property.

Wherefore, your Petitioner respectfully prays for the granting of this application to proceed in forma pauperis in the above-entitled cause and for other such relief deemed just, equitable and appropriate.

Respectfully submitted;

Michael D. Robinson  
Michael D. Robinson, Pro Se  
Reg. No. R-16701  
Menard Correctional Center  
P.O. Box 711  
Menard, Illinois 62259

STATE OF ILLINOIS )  
 ) SS.  
COUNTY OF RANDOLPH )

CERTIFICATION OF VERIFICATION

I, Michael D. Robinson, being first duly sworn upon oath, declares under the penalty of perjury pursuant to 28 U.S.C. §1746, that I am Petitioner in the above-entitled cause and have read the above IN FORMA PAUPERIS APPLICATION AND FINANCIAL AFFIDAVIT and the information contained therein is true and correct in substance and in fact to the best of my knowledge and belief and I affix my hand to sign this 27 day of February, 2008, attesting to the truth thereof.

/s/ Michael D. Robinson  
Michael D. Robinson, Affiant

IN THE UNITED STATES DISTRICT COURT  
FOR THE SOUTHERN DISTRICT OF ILLINOIS  
EAST ST. LOUIS DIVISION

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MICHAEL D. ROBINSON (R-16701),	)	
	)	
Petitioner,	)	
	)	
vs.	)	Case No. _____
	)	
DONALD HULICK, Warden,	)	
Menard Correctional Center,	)	
	)	
Respondent.	)	

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STATE OF ILLINOIS    )  
                          ) SS.  
COUNTY OF RANDOLPH )

FINANCIAL AFFIDAVIT OF MICHAEL D. ROBINSON  
IN SUPPORT OF IN FORMA PAUPERIS APPLICATION

I, Michael D. Robinson, being first duly sworn upon oath, declares under the penalty of perjury, states as follows.

(1). I, Michael D. Robinson, am the Petitioner in the above-entitled cause and make this affidavit in support of my in forma pauperis application.

(2). I, Michael D. Robinson, am presently unemployed. My last date of employment was February 17, 2008, as a prison chow hall worker and I received wages of \$20.00 per month.

(3). I, Michael D. Robinson, have not received any money within the past twelve months from any of the following sources;

- (a). Business, profession or form of self-employment.
- (b). Rent payments, interest or dividends.

(c). Pensions, annuities or life insurance payments.

(d). Gifts or inheritances, except for the small gifts from family and friends to provide for my basic life necessities from commissary purchases. (See, attached, EXHIBIT "A" - Inmate Trust Fund Statement.)

(e). Any other sources, except, monthly institutional State Pay (when the institution is not on lockdown.).

(4). I, Michael D. Robinson, do not own cash, or have money in a checking or savings account. I have \$ 2.16 in my prison trust account. (See, attached, EXHIBIT "B" - Certificate.)


(5). I, Michael D. Robinson, do not own any real estate, stocks, bonds, notes, automobiles or other valuable property (excluding ordinary household furnishings and clothing).

(6). I, Michael D. Robinson, has no one dependent upon him.

(7). I, Michael D. Robinson has not previously had prior litigation in the Federal Courts nor requested prior in forma pauperis status. I, Michael D. Robinson proceeded in forma pauperis throughout all State Court proceedings.

(8). I, Michael D. Robinson, submit that my Writ of Habeas Corpus Petition is submitted in good faith and contains meritorious claims of violations of my consitutional rights.

Further Affiant sayeth not.

/s/   
Michael D. Robinson, Affiant  
Reg. No. R-16701  
Menard Correctional Center  
P.O. Box 711  
Menard, Illinois 62259

DECLARATION UNDER THE PENALTY OF PERJURY

I, Michael D. Robinson, being first duly sworn upon oath, declare under the penalty of perjury as provided by law pursuant to 28 U.S.C. §1746, that I am the Petitioner/Affiant in the above-entitled cause of action, that I have read the foregoing FINANCIAL AFFIDAVIT OF MICHAEL D. ROBINSON IN SUPPORT OF IN FORMA PAUPERIS APPLICATION and the information contained therein is true and correct in substance and in fact to the best of my knowledge, except as to matters stated to be on information and belief and as to such matters as foregoing that I believe the same to be true and I affix my hand to sign this 27 day of February, 2008, attesting to the truth thereof.

I, Michael D. Robinson, authorize the agency having custody of my person to withdraw from my prison trust account and forward payments to the Clerk of Court, in accord with 28 U.S.C. §1915.

DATE: February 27, 2008

/s/   
Michael D. Robinson, Affiant

Date: 2/14/2008

Case 1:08-cv-04027

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Time: 3:54pm

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## Menard Correctional Center

## Trust Fund

**EXHIBIT "A"**

## Inmate Transaction Statement

REPORT CRITERIA - Date: 08/01/2007 thru End; Inmate: R16701; Active Status Only ? : No; Print Restrictions ? : Yes;  
 Transaction Type: All Transaction Types; Print Furloughs / Restitutions ? : Yes; Include Inmate Totals ? : Yes; Print  
 Balance Errors Only ? : No

Inmate: R16701 Robinson, Michael D.

Housing Unit: MEN-SU-07-43

Date	Source	Transaction Type	Batch	Reference #	Description	Amount	Balance
Beginning Balance:							0.20
08/07/07	Payroll	20 Payroll Adjustment	219159		P/R month of 07/2007	20.16	20.36
08/21/07	Point of Sale	60 Commissary	233779	663932	Commissary	-20.33	.03
09/07/07	Payroll	20 Payroll Adjustment	250159		P/R month of 08/2007	10.48	10.51
09/28/07	Disbursements	81 Legal Postage	271359	Chk #81954	41508, DOC: 523 Fund Reimburse, Inv. Date: 08/27/2007	-4.60	5.91
09/28/07	Disbursements	81 Legal Postage	271359	Chk #81954	41509, DOC: 523 Fund Reimburse, Inv. Date: 08/27/2007	-2.16	3.75
09/28/07	Disbursements	81 Legal Postage	271359	Chk #81954	41517, DOC: 523 Fund Reimburse, Inv. Date: 08/27/2007	-2.16	1.59
10/11/07	Payroll	20 Payroll Adjustment	2841107		P/R month of 09/2007	21.77	23.36
10/12/07	Disbursements	84 Library	285359	Chk #82088	41685, DOC: School Dist. Libra, Inv. Date: 08/28/2007	-11.75	11.61
10/15/07	Point of Sale	60 Commissary	288774	674749	Commissary	-11.56	.05
11/07/07	Payroll	20 Payroll Adjustment	311159		P/R month of 10/2007	20.92	20.97
11/15/07	Point of Sale	60 Commissary	319767	682209	Commissary	-17.42	3.55
11/30/07	Disbursements	90 Medical Co-Pay	334359	Chk #82966	49979, DOC: 523 Fund Inmate Re, Inv. Date: 11/26/2007	-2.00	1.55
11/30/07	Disbursements	80 Postage	334359	Chk #82966	49400, DOC: 523 Fund Inmate Re, Inv. Date: 11/16/2007	-.97	.58
12/07/07	Payroll	20 Payroll Adjustment	341169		P/R month of 11/2007	19.20	19.78
12/10/07	Point of Sale	60 Commissary	344779	685429	Commissary	-17.07	2.71
12/17/07	Point of Sale	60 Commissary	351779	687938	Commissary	-2.54	.17
01/07/08	Mail Room	01 MO/Checks (Not Held)	007245	700977	Dent, Audrey	21.00	21.17
01/07/08	Payroll	20 Payroll Adjustment	007159		P/R month of 12/2007	17.36	38.53
01/14/08	Point of Sale	60 Commissary	014767	692381	Commissary	-22.72	15.81
01/24/08	Point of Sale	60 Commissary	0247116	695177	Commissary	-11.84	3.97
01/31/08	Disbursements	80 Postage	031359	Chk #84002	55802, DOC: 523 Fund Inmate Re, Inv. Date: 01/17/2008	-1.81	2.16
01/31/08	Disbursements	90 Medical Co-Pay	031359	Chk #84002	56516, DOC: 523 Fund Inmate Re, Inv. Date: 01/28/2008	-2.00	.16
02/07/08	Payroll	20 Payroll Adjustment	038159		P/R month of 01/2008	16.08	16.24
02/11/08	Point of Sale	60 Commissary	0427120	697843	Commissary	-14.08	2.16

Total Inmate Funds: 2.16

Less Funds Held For Orders: .00

Less Funds Restricted: .00

Funds Available: 2.16

Total Furloughs: .00

Total Voluntary Restitutions: .00

**EXHIBIT "A"**

EXHIBIT "B"

CERTIFICATE

THIS SECTION FOR COMPLETION BY THE PLAINTIFF/PETITIONER

Name of Plaintiff/Petitioner; Michael Robinson

Institution where confined; Menard Correctional Center

Register number; R-16701

THIS SECTION IS FOR COMPLETION BY AN AUTHORIZED OFFICER  
OF THE ABOVE-NAMED INSTITUTION ONLY

Instructions: The plaintiff/petitioner may not write below this line.  
Please complete the following certificate for the plaintiff/petitioner  
named and deccribed above.

PURSUANT TO 28 U.S.C. § 1915(a)(2),  
PLEASE ATTACH A CERTIFIED PRINT-OUT OF  
ALL TRANSACTIONS FOR THIS PERSON'S ACCOUNT  
FOR THE PAST TWELVE MONTHS.

I hereby certify that MICHAEL D. ROBINSON, currently  
(Name of plaintiff/petitioner)

has \$ 2.16 on account to his credit at MENARD CC.  
(Institution where confined)

DATED: 2/14/08

Goulden Berry  
Signature of Authorized Officer  
of the above Institution

EXHIBIT "B"